

see letter

(Name and address of requesting agency)

Berlin Document Center,
U.S. Mission Berlin
APO 742, U.S. Forces

Date: 20.6.60 rs

It is requested that your records on the following named person be checked:

Name: **POLKES, Feibel**

Place of birth: **Sokal/Poland**

Date of birth: **11.9.00**

Occupation:

Present address:

Other information:

It is understood that the requested information will be supplied at cost to this organization, and that payment will be made when billing is received.

(Telephone No.)

(Signature)

(This space will be filled in by the Berlin Document Center)

NSDAP Master File

2. Applications

3. PKK

4. SS Officers

5. RUSHA

6. Other SS Records

Pos. Neg.

7. SA

8. OPG

9. RWZ

10. EWZ

11. Kulturkammer

12. Volkshochschule

Pos. Neg.

13. NS-Lehrerbund

14. NS-Aerztebund

15. Party Census

16.

17.

18.

Pos. Neg.

For explanation of abbreviations and terms, see other side.

BERLIN DOCUMENT CENTER

NEGATIVE

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCES METHODS EXEMPTION 382B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2000 2005

JUN. 20. 1960

(Date Request Received)

(Date Answer Transmitted)

21 June 60